



CITY OF LEMON GROVE

APPLICATION FOR EMPLOYMENT

3232 Main Street
Lemon Grove, California 91945

We welcome your interest in city services. You can help us and yourself by describing your abilities carefully and thoroughly. Best wishes for your success.

INSTRUCTIONS: PLEASE READ CAREFULLY

- A. Read examination announcement thoroughly. Be sure you meet the requirements.
- B. Answer all questions accurately and completely. Use ink or typewriter.
- C. Any false statement is cause for rejection, removal from eligible list, or dismissal.
- D. Avoid any reference to religion, politics, race, or membership in social or fraternal groups.
- E. Notify the Personnel Office promptly in case of change of address.

1. POSITION TITLE: _____

2. NAME: _____
(Print last name) (First name) (Middle initial)

ADDRESS: _____
(Number) (Street) (City) (State) (Zip Code)

3. Home Telephone No. _____ Business Telephone No. _____ Social Security No. _____

RELEVANT INFORMATION

4. Would You Consider: Working Nights? ☐ Temporary Work? ☐ Working Holidays? ☐ Part-Time Work? ☐ Working Weekends? ☐ Driver's License No. _____
(If required for position you are applying for.)

5. Were you ever discharged or forced to resign due to misconduct or unsatisfactory service? Yes ☐ No ☐
(If yes, state all details on back of application)

May we contact your present employer? Yes ☐ No ☐

May we contact your previous employer? Yes ☐ No ☐

6. Have you ever been convicted of a criminal offense? (only those convictions related to position applied for may be used for disqualification). Yes ☐ No ☐
If yes, give date, place, nature of and disposition of EACH Case on reverse side. If in doubt, state details.

7. Do you have a legal right to remain in the United States? (employment contingent on legal right to remain in U.S.A.) Yes ☐ No ☐

8. How were you referred to the position applied for? (i.e. - Newspaper, friend, Lemon Grove employee, etc.) _____

9. Are you a relative of anyone currently employed by the City of Lemon Grove. Yes ☐ No ☐ If yes, specify employee's name and their relationship to you.

(Name) (Relationship)

10. Have you had experience in active military service in the U.S. Armed Forces which is applicable in this position? Yes ☐ No ☐
If "Yes", please describe the experience and indicate the length of time in each position:

BRANCH OF SERVICE	RANK & SERVICE SPECIALTY	DESCRIPTION OF DUTIES	LENGTH OF TIME IN EACH POSITION

EDUCATION

11. Circle highest grade completed Name of School Location Graduate?
1 2 3 4 5 6 7 8 9 10 11 12 Yes ☐ No ☐

College, Business or Trade School Attended	Degree	Major Subject	Units Earned	Additional Information (Research projects; Areas of special interest; Activities, etc.)

12. Certificates or license of professional or vocational competence. (Please attach photocopies) _____

Membership in professional or technical associations (Must be active) _____

EXPERIENCE

13. Read the examination announcement carefully before filling in this section. List all jobs you have held in the last ten years. Put your present or most recent job first. By being complete you may improve your chances for employment. If you need more space, you may attach additional sheets. Complete all columns in full. Do not write "see resume" or a similar statement and expect that your application will be considered complete by such a statement.

DATES AND SALARY	EMPLOYER (Name, Address, Phone No.)	TITLE AND DESCRIPTION OF DUTIES (Give your title. Then completely describe your duties on the job.)	REASON FOR LEAVING
FROM, _____, 19____	NAME: _____		
TO _____, 19____	ADDRESS: _____		
SALARY, \$ _____ per _____			
SUPERVISOR: _____			
	PHONE NO: _____	NUMBER SUPERVISED: _____	
FROM, _____, 19____	NAME: _____		
TO _____, 19____	ADDRESS: _____		
SALARY, \$ _____ per _____			
SUPERVISOR: _____			
	PHONE NO: _____	NUMBER SUPERVISED: _____	
FROM, _____, 19____	NAME: _____		
TO _____, 19____	ADDRESS: _____		
SALARY, \$ _____ per _____			
SUPERVISOR: _____			
	PHONE NO: _____	NUMBER SUPERVISED: _____	
FROM, _____, 19____	NAME: _____		
TO _____, 19____	ADDRESS: _____		
SALARY, \$ _____ per _____			
SUPERVISOR: _____			
	PHONE NO: _____	NUMBER SUPERVISED: _____	
FROM, _____, 19____	NAME: _____		
TO _____, 19____	ADDRESS: _____		
SALARY, \$ _____ per _____			
SUPERVISOR: _____			
	PHONE NO: _____	NUMBER SUPERVISED: _____	

ADDITIONAL INFORMATION

14. Other special training, skills or abilities: (Foreign language, office equipment, machine operation, etc.) _____

15. Remarks: (Attach additional sheet if necessary) _____

AFFIDAVIT - READ VERY CAREFULLY

I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application, removal from an eligible list or dismissal from City employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I certify that I meet the specified job requirements for this position. I understand that I must pass a physical examination prior to employment and that an alcohol and drug screen, background investigation, and/or D.M.V. check may be required. I understand that the results of any of the foregoing may be grounds for disqualification. I further understand that laws related to this application may be subject to change.

SIGNATURE _____

DATE _____

Submit this Application to